

County: Sheboygan  
SHEBOYGAN PROGRESSIVE CARE  
1902 MEAD AVENUE

Facility ID: 4100

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SHEBOYGAN 53081 Phone: (920) 458-8333  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/01): 120  
Total Licensed Bed Capacity (12/31/01): 152  
Number of Residents on 12/31/01: 94

Ownership:  
Highest Level License:  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 98

Corporation  
Skilled

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No					1 - 4 Years		39.4	
Supp. Home Care-Personal Care	No					More Than 4 Years		47.9	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	9.6			12.8	
Day Services	No	Mental Illness (Org. /Psy)	33.0	65 - 74	11.7				
Respite Care	No	Mental Illness (Other)	3.2	75 - 84	41.5			100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	1.1	85 - 94	36.2				
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.1	95 & Over	1.1				
Congregate Meals	No	Cancer	3.2			*****			
Home Delivered Meals	No	Fractures	8.5			Full-Time Equivalent			
Other Meals	No	Cardiovascular	1.1	65 & Over	90.4	Nursing Staff per 100 Residents			
Transportation	No	Cerebrovascular	12.8			(12/31/01)			
Referral Service	No	Diabetes	2.1	Sex	%	RNs		8.2	
Other Services	No	Respiratory	4.3			LPNs		9.3	
Provide Day Programming for		Other Medical Conditions	29.8	Male	45.7	Nursing Assistants,			
Mentally Ill	No			Female	54.3	Aides, & Orderlies			
Provide Day Programming for			100.0			42.0			
Developmentally Disabled	No								

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#### Method of Reimbursement

Medi care (Title 18)			Medi caid (Title 19)			Other			Pri vate Pay			Fami ly Care			Managed Care					
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	11	100.0	246	58	100.0	109	0	0.0	0	25	100.0	135	0	0.0	0	0	0.0	0	94	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		58	100.0		0	0.0		25	100.0		0	0.0		0	0.0		94	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
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Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	12.8	Bathing	1.1	77.7	21.3	94
Private Home/With Home Health	4.9	Dressing	11.7	72.3	16.0	94
Other Nursing Homes	1.8	Transferring	28.7	54.3	17.0	94
Acute Care Hospitals	77.4	Toilet Use	24.5	61.7	13.8	94
Psych. Hosp. -MR/DD Facilities	0.0	Eating	67.0	25.5	7.4	94
Rehabilitation Hospitals	0.0	*****				
Other Locations	3.0	Continence	%	Special Treatments	%	
Total Number of Admissions	164	Indwelling Or External Catheter	5.3	Receiving Respiratory Care	1.1	
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	42.6	Receiving Tracheostomy Care	0.0	
Private Home/No Home Health	16.7	Occ/Freq. Incontinent of Bowel	23.4	Receiving Suctioning	0.0	
Private Home/With Home Health	21.8	Mobility		Receiving Ostomy Care	1.1	
Other Nursing Homes	8.0	Physically Restrained	7.4	Receiving Tube Feeding	4.3	
Acute Care Hospitals	9.2	Skin Care		Receiving Mechanically Altered Diets	31.9	
Psych. Hosp. -MR/DD Facilities	0.0	With Pressure Sores	2.1	Other Resident Characteristics		
Rehabilitation Hospitals	0.0	With Rashes	2.1	Have Advance Directives	31.9	
Other Locations	6.3			Medications		
Deaths	37.9			Receiving Psychoactive Drugs	67.0	
Total Number of Discharges (Including Deaths)	174					

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities  
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	This Facility %	Ownership: Peer Group % Ratio	Bed Size: 100-199 Peer Group % Ratio	Licensure: Skilled Peer Group % Ratio	All Facilities % Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	64.9	82.7 0.79	83.8 0.77	84.3 0.77	84.6 0.77
Current Residents from In-County	88.3	82.1 1.08	84.9 1.04	82.7 1.07	77.0 1.15
Admissions from In-County, Still Residing	21.3	18.6 1.15	21.5 0.99	21.6 0.99	20.8 1.03
Admissions/Average Daily Census	167.3	178.7 0.94	155.8 1.07	137.9 1.21	128.9 1.30
Discharges/Average Daily Census	177.6	179.9 0.99	156.2 1.14	139.0 1.28	130.0 1.37
Discharges To Private Residence/Average Daily Census	68.4	76.7 0.89	61.3 1.12	55.2 1.24	52.8 1.30
Residents Receiving Skilled Care	100	93.6 1.07	93.3 1.07	91.8 1.09	85.3 1.17
Residents Aged 65 and Older	90.4	93.4 0.97	92.7 0.97	92.5 0.98	87.5 1.03
Title 19 (Medicaid) Funded Residents	61.7	63.4 0.97	64.8 0.95	64.3 0.96	68.7 0.90
Private Pay Funded Residents	26.6	23.0 1.15	23.3 1.14	25.6 1.04	22.0 1.21
Developmentally Disabled Residents	0.0	0.7 0.00	0.9 0.00	1.2 0.00	7.6 0.00
Mentally Ill Residents	36.2	30.1 1.20	37.7 0.96	37.4 0.97	33.8 1.07
General Medical Service Residents	29.8	23.3 1.28	21.3 1.40	21.2 1.41	19.4 1.53
Impaired ADL (Mean)	44.5	48.6 0.92	49.6 0.90	49.6 0.90	49.3 0.90
Psychological Problems	67.0	50.3 1.33	53.5 1.25	54.1 1.24	51.9 1.29
Nursing Care Required (Mean)	5.3	6.2 0.86	6.5 0.82	6.5 0.82	7.3 0.72